Confined Space Multiple Contractor Co-ordination Letter

(1)	(2)	(3)	(4)
Name Title Employer (Contractor) Address	Name Title Employer (Contractor) Address	Name Title Employer (Contractor) Address	Name Title Employer (Contractor) Address
Date:			
Re: Multi-Employer Co-ord	lination Document for Entry	/Work in Confined Spaces:	
respect to the same confiner respect to the confined spa 632/05, Confined Spaces madocument to ensure that the health and safety of all work space. As a matter of gene workers working in a confine other employer, and that the intent is to reduce duplicatio procedures to follow in the expectation of the same confiner employer.	d space, and before any worker, the University of Guelphade under the Occupational Headures imposed on employer ters who perform work in the eral information, this co-ording space are aware of potentials of the communication between with respect to requirements.	ker enters the confined space as the lead employer is releath and Safety Act of Ontaries by the regulation are performation document is intended all or existing hazards that man the employers in order to enter such as the hazard assessed document does not allow for	ed space or related work with the or begins related work with equired by Ontario Regulation to, to prepare a co-ordination med in a way that protects the rk with respect to the confined to ensure that employers of any be introduced by one or the insure worker safety. Also, the sment, plan, entry permit and r sharing of responsibilities for
Attached, please find the follo	owing documents regarding ca	onfined space(s) #	:
		es to follow in the event of an elated personnel prior to entry	emergency; these documents into the confined space.
	(Name an	d Department of University's	Confined Space Supervisor)
	(Date and	Signature of University's Cor	nfined Space Supervisor)
	CONTRACTED EMPLOYE	R(S) ACKNOWLEDGEMENT	

We the undersigned:

- have read and will comply with the requirements of Ontario Regulation 632/05;
- have read and will comply with the requirements of the University of Guelph Confined Spaces Management Program. We have received documentation regarding the hazard assessment, written plan, plan-specific training (as appropriate), entry permit and procedures to follow in the event of an emergency;
- have provided written evidence that all workers who are required to perform entry/work in the confined space or related work with respect to the same confined space have received appropriate training and instruction in accordance with the University of Guelph Confined Spaces Program.

	Employer	Name/Title of Employer Representative	Signature/Date of Employer Representative
1			
2			
3			
4			

Confined Space Single Contractor Co-ordination Letter

Name
Title
Employer (Maintenance Contractor)
Address
Date:
Re: Provision of Documents and Acknowledgement of Compliance for Single Contractor Entry/Work in
Confined Spaces:
Before any worker enters/works in a confined space or performs related work with respect to the same confine space, the University of Guelph as the lead employer is required by Ontario Regulation 632/05, Confined Space made under the Occupational Health and Safety Act of Ontario and its Confined Spaces Management Program, provide documents to ensure that the duties imposed on employers by the regulation are performed in a way the protects the health and safety of any worker who performs work in the confined space or related work with respect the confined space
Attached, please find the following documents regarding confined space(s) #
 hazard assessment plan entry permit procedures to follow in the event of an emergency; these documen will be available and reviewed with all entrants and other related personnel prior to entry into the confined space.
(Name and Department of University's Confined Space Supervisor)
(Date and Signature of University's Confined Space Supervisor)
CONTRACTED EMPLOYER ACKNOWLEDGEMENT
(<i>Maintenance Contractor Company Name</i>) has read and will comply with the requirements of Ontario Regulatio 632/05.
(Maintenance Contractor Company Name) has read and will comply with the requirements of the University Guelph Confined Spaces Management Program. We have received documentation regarding the hazar assessment, written plan, plan-specific training (as appropriate), entry permit and procedures to follow in the event an emergency.
(<i>Maintenance Contractor Company Name</i>) has provided written evidence that all workers who are required perform entry/work in the confined space or related work with respect to the same confined space have receive appropriate training and instruction in accordance with the University of Guelph Confined Spaces Program.
(Maintenance Contractor Company Name)
(Name and Title of Maintenance Contractor Representative)
(Date and Signature of Maintenance Contractor Representative